## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Heartland Resurgence	C C00544551
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayaya
Full Name of Payee Multi Media Services	Date of Public Distribution/Dissemination
	10 13 2016
Mailing Address 915 King Street	Amount
City State Zip Code	100000.00
Alexandria VA 22314	Transaction ID : SE.4294 Date of Disbursement or Obligation
Purpose of Expenditure Advertising  Category/ Type  004	10 12 2016
Name of Federal Candidate Support Offic	e Sought: House District:
Kander, Jason, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	100000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
	10 14 2016
Signature	